

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2000

Application or Docket Number

14389

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	9	11	
FOR		NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	11	minus 20 =	9
INDEPENDENT CLAIMS	3	minus 3 =	9
MULTIPLE DEPENDENT CLAIM PRESENT			<input checked="" type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
			RATE	ADDITIONAL FEE
Total	9	Minus	** 20	=
Independent	3	Minus	*** 3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
			RATE	ADDITIONAL FEE
Total	9	Minus	** 20	=
Independent	3	Minus	*** 3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
			RATE	ADDITIONAL FEE
Total	9	Minus	**	=
Independent	3	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE	OR	OTHER THAN SMALL ENTITY
	RATE	FEES
BASIC FEE	355.00	OR BASIC FEE 710.00
X\$ 9=		OR X\$18=
X40=		OR X80=
+135=		OR +270= 270
TOTAL		OR TOTAL 980

SMALL ENTITY	OR	OTHER THAN SMALL ENTITY
	RATE	ADDITIONAL FEE
X\$ 9=		OR X\$18=
X40=		OR X80=
+135=		OR +270=
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
			RATE	ADDITIONAL FEE
Total	9	Minus	** 20	=
Independent	3	Minus	*** 3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
			RATE	ADDITIONAL FEE
Total	9	Minus	**	=
Independent	3	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				